LTC PROPERTIES INC

Form 4

February 13, 2014

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

OMB APPROVAL

Form 4 or Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

burden hours per response... 0.5

Estimated average

See Instruction 1(b).

(Print or Type Responses)

| 1. Name and Add LYEW PETE | dress of Reporting Person * R G | 2. Issuer Name and Ticker or Trading Symbol LTC PROPERTIES INC [LTC] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--------------------------------|---------------------------------|--|---|--|--|--|--|
| (Last) | (First) (Middle) | 3. Date of Earliest Transaction | , , , | | | | |
| | | (Month/Day/Year) | Director 10% Owner | | | | |
| 2829 TOWNSGATE ROAD, SUITE 350 | | 02/12/2014 | X Officer (give title Other (speci below) | | | | |
| (Street) | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | | | |
| | | Filed(Month/Day/Year) | Applicable Line) | | | | |
| WESTLAKE | VILLAGE, CA 91361 | | _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |

| (City) | (State) | (Zip) Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed o | f, or Beneficial | ly Owned |
|--------------------------------------|---|--|-------------|------------|---|-------------|--|--|---|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | ansaction Date 2A. Deemed 3. th/Day/Year) Execution Date, if T any C (Month/Day/Year) (I | | on(A) or D | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code V | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | |
| Common Stock | 02/12/2014 | | A(1) | 1,000 | A | \$ 36.81 | 9,546 | D | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) | | ate Year) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | of ng s | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|---|---------------|---|---|
| | | | | Code V | (Instr. 3, 4, and 5) (A) (D) | Date Exercisable | Expiration Date | or Title Nu of | umber | | |

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

LYEW PETER G 2829 TOWNSGATE ROAD **SUITE 350** WESTLAKE VILLAGE, CA 91361

VP, Director of Taxes

Signatures

/s/ Peter Lyew 02/13/2014 **Signature of Date Reporting Person

Explanation of Responses:

- If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Restricted stock grant. Shares vest equally over three years based on the reporting person's continued employment at each vesting date. Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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